

| Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to you. Attach this card to the back of the mor on the front if space permits. Article Addressed to: | Alliplece, D. Is delivery address different from item 1? Agen C. Date of De C. Date of De | essee |
|--|---|-------|
| Robert E. Holden Liskow & Lewis One Shell Square 701 Poydras Street, Suite 5000 New Orleans, Louisiana 70139 | 3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchai ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes | ndise |
| Article Number (Transfer from service label) | 7014 0150 0000 2454 8034 | |
| PS Form 3811, July 2013 | Domestic Return Receipt | |

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